

## **MATERNAL AND CHILD HEALTH ADVISORY BOARD (MCHAB)**

**December 7, 2007**

### **BOARD MEMBERS PRESENT**

Beverly Neyland, MD, Chairperson

Senator Maggie Carlton

Lou Palma, Child Haven Manager, Clark County Department of Family Services (DFS)

Bonnie Sorenson, RN, BSN, Southern Nevada Health District (SNHD)

Assemblywoman Peggy Pierce

Michelle Kling, RN, MS

Tyree G Davis, DDS, Dental Director, Nevada Health Centers

Marsha Matsunaga-Kirgan, MD, University Medical Center, Proxy

### **BOARD MEMBERS ABSENT**

T.J. Rosenberg, Nevada Parents Encouraging Parents (NV PEP)

Raquel Knecht, Vice-chairperson

Holly T. Ashley, MD, Proxy

### **NEVADA STATE HEALTH DIVISION STAFF PRESENT**

Judith Wright, Chief, Bureau of Family Health Services (BFHS)

Randy Figurski, Nevada State Health Division; Manager, Office of Developmental Screening

Tami Smith, Administrative Assistant (AA) 4, BFHS

### **OTHERS PRESENT**

Lisa Pacheco, Assistant Manager, Family Resource Center (UMC)

Michelle Gorelow – Director, March of Dimes

Janice Smith, Director, North Vista Hospital (NVH)

Betsy Aiello, Chief, Nevada Check Up, Division of Health Care Financing Policy (DHCFP)

Chuck Duarte, Administrator, DHCFP

Marcia O'Malley, Family Ties of Nevada

Dan Heintz, M.D., Adolescent Medicine

### **CALL TO ORDER**

Dr. Beverly Neyland called to order the Maternal and Child Health Advisory Board (MCHAB) meeting at **9:35 a.m.** videoconferenced from the Legislative Counsel Bureau (LCB), Carson City, and the Grant Sawyer Building, Las Vegas. This was a public meeting and the public was invited to make comments. In accordance with the Nevada Open Meeting Law, this meeting was posted at the following locations: Bureau of Family Health Services (BFHS), Carson City; Nevada State Health Division (NSHD), Carson City; Nevada State Library and Archives, Carson City; Southern Nevada Health District (SNHD), Las Vegas; Elko County Library, Elko; Sierra Regional Center, Sparks; Desert Regional Center, Las Vegas and the NSHD website at <http://health.nv.gov>.

Introductions were made around the table.

### **APPROVAL OF THE SEPTEMBER 14, 2007 MINUTES**

Senator Maggie Carlton motioned to approve the minutes from the September 14, 2007 meeting and Assemblywoman Peggy Pierce seconded. **MOTION APPROVED**

### **REPORT ON MEDICAID MEDICALLY NEEDY WITH BOARD DISCUSSION**

Chuck Duarte stated there are mandatory groups and there are optional groups for Medicaid. Mandatory groups are most typical of Medicaid. i.e. low income families with children. Mr. Duarte explained qualification for Temporary Assistance for Needy Families (TANF) equals qualification for Medicaid. He stated one would not have to get cash assistance, to receive Medicaid. The other covered

group is individuals which receive Supplemental Security Income (SSI) who have significant disabilities determined by the government. Mr. Duarte stated another eligible group is pregnant woman under certain income levels in Nevada which is 133 % of poverty. Infants born to Medicaid eligible pregnant woman are covered up to one year after birth. Mr. Duarte stated children under age 6 and pregnant women under 133% of poverty level are mandatory, as are children in foster care or adoption assistance. There are optional coverage categories which are listed on the Medicaid State Plan document including coverage for low income children who age out of foster care and have not been placed with a foster family; individuals who are blind or disabled and incomes above mandatory limits; children that are 21 years of age, which meet certain income and resource criteria and institutionalized individuals who qualify for nursing facility care, hospitalization, in an intermediate care facility, or they meet eligibility criteria in terms of acuity. They are covered up to 300% of their SSI benefit level. Mr. Duarte stated the Katie Beckett waiver is an eligibility category which provides medical assistance for children less than 19 years of age, who have long term disabilities or complex medical needs and which safely reside at home. Medically Needy is a coverage group option which is not mandatory, provided in 28 states, allowing participants which have high medical costs to offset their income in order to become eligible for Medicaid benefits. Nevada's average expenditures are 1.5 billion dollars a year, including Federal and State funds. He stated there are currently 5 waivers in use for the State of Nevada and the option of Research and Demonstration Projects. Mr. Duarte explained there is a budget neutrality condition which expands eligibility by creating savings existing programs, Mr. Duarte stated Arizona uses a comprehensive Section 1115 Research and Demonstration Project which creates savings by mandatorily enrolling people into managed care, whether they are children, mothers, disabled individuals or the elderly. Mr. Duarte stated the Medically Needy program would use 35% of the 1.5 billion Medicaid funds equaling 400 million dollars a year. Senator Carlton asked if the funds for the Medically Needy program are both Federal and State monies. Mr. Duarte stated Nevada does not currently have the Medically Needy program and that the figures given were from states which do use Federal and State dollars. He stated by the year 2009, our federal match rate will be 50%, it is currently 52.46%. Senator Carlton stated Nevada currently signs recipients up with an HMO. He stated Nevada would have to create the savings through better care management of our disabled and elderly populations, bringing in managed care companies or managed care programs to reduce unnecessary costs associated with the services for the elderly and disabled. He mentioned Medicaid will try not to impact direct services with the budget cuts. Senator Carlton mentioned the Governor's limit impacting children which the majority of the individuals covered by the program are children. Dr. Neyland mentioned writing a letter regarding the budget cutbacks with the Nevada chapter of American Academy of Pediatrics (AAP) and hoped to get support of many coalition voices for children to sign the letter. Dr. Neyland stated this will reach a crisis proportion which will affect the children. Senator Carlton suggested placing an agenda item to discuss these topics at the next Interim Health Care Committee (IHCC) meeting. Mr. Duarte thanked the Board for the opportunity to present, and informed he would answer any questions regarding the eligibility information he provided. Mr. Duarte responded to Dr. Neyland and Senator Carlton's request of an update on Angela Burg's comments regarding a child whose coverage was dropped mid-treatment due to over-income. Mr. Duarte stated you cannot tell if an individual is going to qualify for Medicaid or Nevada Check Up, and the state often gets into situations to urge parents to at least try to see if they are eligible falling into one of the many eligibility groups. He stated the only way to check eligibility is to have the parents apply and go through the process. Senator Carlton stated with the case of the young lady whose grandfather passed away and which some assets were attributed to the granddaughter; these did not allow her to fall within the income level. Mr. Duarte mentioned the press reports which the child did not qualify for Nevada Check Up due to income. He stated the situation which Medicaid deals is common where families are a dollar over the income limit and are not eligible. Mr. Duarte mentioned with her income she would have to have fairly significant expenses to reduce the household countable income to be eligible which is the unfortunate part about some of the federal eligibility groups. He stated he would love to have targeted eligibility groups where they could let people in with discretion however; there is not the option with Medicaid. Ms. Sorenson asked about the waiting list for Nevada Check Up. Mr. Duarte stated there had never been a waiting list for Nevada Check Up. Ms. Sorenson

asked for any other programs which require applications. Mr. Duarte stated home and community based waivers have some waiting lists for services.

**REPORT ON REGIONAL INITIATIVE TO SERVE FAMILIES WHO HAVE CHILDREN WITH EPILEPSY AND SEIZURE DISORDERS IN THE RURAL AND FRONTEIR AREAS OF NEVADA**

Marcia O'Malley stated this is a new program funded by the Federal Government which has funding for 3 years. She stated the program works very well with an existing project which is on its 5<sup>th</sup> year, the Family to Family Health Information Center for the State of Nevada. Ms. O'Malley stated the State of California is the funding agency for the Epilepsy Regional Project through the University Center for Excellence, Children's Hospital in Los Angeles. She stated the first involvement is going to be a needs assessment for the population of Nevada with epilepsy and seizure disorders. Ms. O'Malley stated the program will take the information received in the assessment and use it to guide the further activities including training for parents and training for professionals working with those families in rural and frontier areas. Ms. O'Malley stated in the assessment they will be looking for gaps and where the organization needs to look into changing public policy, addressing issues regarding Medical Homes for Children with Epilepsy. She mentioned this project will also help to improve public knowledge on this condition and help to reduce the stigma. Ms. O'Malley stated once the needs assessment has been completed, she would like to return to review the findings of the report which would give an opportunity for the Board to potentially work with the project in addressing some of the issues. Ms. O'Malley mentioned her organization is trying to put together an advisory committee for this project and is looking for parents or individuals with this condition and health care professionals who may want to help support. Ms. O'Malley informed everyone about the program and reiterated they are here as a resource looking forward to a nice relationship with the Board. Dr. Neyland asked about time frame for the needs assessment. Ms. O'Malley stated she hoped to have the tool by the first of the year with guidance from the California staff as to when to start the assessment. Ms. O'Malley stated she hoped by April or May, 2008 the project will be able to start.

**UPDATE ON NEVADA CHECK UP INCLUDING FY 2006 AND CURRENT NUMBERS OF CHILDREN**

Betsy Aiello reported Nevada Check Up is over their caseload and year to date more children are enrolled than was budgeted. She stated there are no resolutions for the proposed cuts to the program, but whatever solution is chosen will have an impact on Nevada Check Up and Medicaid. Ms. Aiello stated the State Children's Health Insurance (SCHP) which supports Nevada Check Up 10 year block grant appropriation expired at the end of September and has not been reauthorized. Ms. Aiello stated there are going to be more requirements on validation of citizenship than there are currently. Ms. Aiello stated due to the fact Nevada had not utilized their federal grant funding the state is alright as far as the federal funds go but is unsure how the funding will remain on the state side of the funds. Ms. Aiello reported in December 29,456 children are enrolled, in November 30,184. Dr. Neyland asked how many children Ms. Aiello believed are eligible for the program. Ms. Aiello stated different population surveys do different amounts because they do the surveys based on a variety of criteria. Ms. Aiello stated Nevada Check Up does not conduct estimates. She explained Covering Kids and Families stated Nevada had the 4<sup>th</sup> highest percentage of uninsured children in the Nation, however the report does not show how many are eligible, just how many are without insurance. Ms. Aiello said the State does not do any research; they use Great Basin Primary Care Association (GBPCA) and Child Protective Services (CPS) data including those in the next meeting review. Ms. Aiello reiterated the reports will not represent the number of children that are eligible because of the complexity and costs related to questions on citizenship, legal requirements and other criteria. Ms. Aiello stated Nevada Check Up does not have the funding to do the research but will present the Board with data collected.

## **UPDATE ON AUTISM SERVICES AND FUNDING CREATED BY THE 2007 LEGISLATURE**

Randy Figurski reported the new office in the Health Division (HD) has been titled, The Office of Developmental Screening, Autism Training and Technical Assistance (ODSATTA). He stated in the last legislative session there was an increase of 1.5 million dollars to Mental Health and Developmental Services (MHDS) to increase the Self Directed Autism Program through which eligible children from 2 to 10 years of age could receive up to 1,300 dollars per month for services related to Autism. Mr. Figurski stated there was 2 million dollars in new money which was allocated to the Office of Disability Services (ODS). Mr. Figurski stated this is a Developmental Screening project which is committed to do screenings for Autism across the state for children from ages 6 to 60 months. Mr. Figurski stated this is a 2 tier screening program; the first tier is a parent questionnaire. The HD scores for developmental delays on any of the 5 developmental delay domains including communication, cognitive, motor development, self help, and social emotions. He mentioned if a family or professional asks to complete the screening, the level 2 screening is immediately conducted which uses several autism screening instruments in the form of a questionnaire containing more information. Mr. Figurski stated once the level 1 screening had been completed and a positive screening is present, the family is notified of the need for further screening and referred to specific agencies set up to assist them. He stated the program screens about 55 children a day. Dr. Neyland asked what the physicians need to refer the parents when the children screened for Autism comes back positive. Mr. Figurski stated if the parents get a positive screening they will receive a referral to one of the state agencies which provide services to these children. Mr. Figurski stated the referral is an evaluation for eligibility for treatment services, however, there are inadequate services for children in Nevada and nationwide. Mr. Figurski stated the HD believed they have an obligation to get a feeling for the scope of the problem and as the needs are identified the recognition will encourage legislators to take an ongoing look at the problem in hopes to meet the service needs for the population. Mr. Figurski stated once a child had been positively screened they are referred to family support groups, regional centers and the ODS, as well as given information about the nature and characteristics of Autism. Dr. Neyland stated physicians are making the diagnosis as early as possible and although the schools have been good with working with the diagnosis, the problem had been with children who need psychiatric coverage and medicine for other co-heredity associated with Autism. Mr. Figurski stated he will email a handout which includes a referral sheet.

## **UPDATE ON FETAL INFANT MORTALITY REVIEW AND PREGNANCY RISK ASSESSMENT MONITORING SYSTEM (PRAMS)**

Judy Wright reported legislation passed for the Birth Defects Registry (BDR) allows Fetal and Infant Mortality Rate (FIMR) and PRAMS. Ms. Wright stated Washoe County wants to get FIMR started but is having budget issues. Michelle Kling stated once Washoe County receives the documentation necessary to show the partnership between the state and the county they will be able to start the FIMR process. Ms. Kling stated the county will have to carve out staff time but is willing to do so because it is such a valuable process. She stated even though the county has budgetary issues FIMR is at the top of the list of planned items which is hoped to be started by July 1, 2008. Ms. Wright stated she will check to see if the Child Deputy Attorney had contacted the Attorney for the HD on status of the partnership.

## **ACTION: BOARD DISCUSSION AND APPOINTMENT OF LORRAINE VASQUEZ AND JOHNETTE OHMAN TO THE PERINATAL SUBSTANCE ABUSE SUBCOMMITTEE (PSAP) AND UPDATE ON FETAL ALCOHOL SPECTRUM DISORDER (FASD) TRAINING BY DR. IRA CHASNOFF AND THE FASD CLINICS.**

Tami Smith reported the March of Dimes (MOD) proposal had been resubmitted with a slight re-write. Ms. Smith stated the American College of Obstetrics and Gynecologists (ACOG) brochure went to HD Administration for approval. Shelly Young stated Dr. Chasnoff is one of the leading researchers on maternal substance and fetal substance abuse providing FASD training funded through a federal grant from the Maternal and Child Health (MCH) Bureau; no State dollars being used. She stated

originally this project was in New Jersey, Illinois and California, but was submitted for renewal with an addition of three states, including Nevada, Oregon and Hawaii, all three states were approved. Ms. Young thanked Ms. Wright, Muriel Kronowitz and Dr. Terrence McGaw for being instrumental in helping with letters of support for the grant submitted to Dr. Chasnoff identifying the 2 clinics selected for the project and for helping to put together a leadership team. She stated the 2 clinics which were selected for this project are The Pregnancy Center at Renown Medical Center and Health Access Washoe County (HAWC) both of Reno. Ms. Young stated the leadership team is made up of individuals from the clinic who will be trained, as well as some community leaders familiar with this situation in Nevada attending a 3 ½ day training institute in January with Dr. Chasnoff and Dr. Rich McGordy. Ms. Young stated the program will be working with the HAWC clinic on how to work with interventions and help children who have already been affected. Ms. Young stated currently the program is only going to be in Northern Nevada due to grant funding at this time, but feels this is a good foot in the door for the state and this program. Ms. Young stated she had a project overview to email to the members and would like to return to the Board to bring them updated information on the program. Senator Carlton asked if these clinics were included in the clinics whose money was appropriated through Dr. Juarez. Ms. Young stated this is a completely independent program. Senator Carlton stated she does not think there needs to be 2 different entities working crosswise with each other. Ms. Wright stated this is completely separate due to the fact this program works with pregnant women and the clinics are working with children and they can partner together to help. Dr. Neyland asked Ms. Wright to update the board on the additions to the Perinatal Substance Abuse Prevention (PSAP) subcommittee. Ms. Wright stated Lorraine Vasquez is a new addition; she is a foster parent for children with Fetal Alcohol Syndrome (FAS). The other is Johnette Ohman, an Early Intervention Supervisor working with Nevada Early Intervention Services (NEIS) in the Reno Office. Senator Carlton motioned to accept the nominations to the PSAP Subcommittee and Tyree Davis seconded.

**MOTION APPROVED**

#### **REPORT ON POSTPARTUM DEPRESSION AND REIMBURSEMENTS FOR IMMUNIZATIONS**

Dr. Dan Heintz reported postpartum depression is the #1 leading cause per year for women's disability. Mr. Heintz stated in the United States alone depression cost 30-50 billion dollars in lost activities and direct medical care per year and is projected by the year 2020, will be the 2<sup>nd</sup> leading cause of disability in the world. Dr. Heintz stated depression affects more women than men; women have a 20-25% chance of developing depression in their lifetime versus 7-12% of men. Dr. Heintz stated studies have found initial postpartum visit or assessment found 16.9% rate of depression and at the one year postpartum assessment the number rose to 18.5%. He stated of that, 18.5%, 46% of those women were found to have depression at the first assessment which shows they are not getting the proper treatment and follow up needed. Dr. Heintz stated 12.8% who had no symptoms initially went on to develop clinically significant depression. Dr. Heintz stated there is going to be an increase in the medical schools, as well, as residency training about how to screen and treat the disease. Dr. Neyland stated her concern is the increasing number of young mothers coming into her center with postpartum depression. Dr. Neyland mentioned a clinic can diagnose them, but where do they go for help if they have no insurance coverage. Dr. Heintz stated 50% of pediatricians are screening for postpartum depression, and only 23% were using a validated tool. Dr. Neyland asked what a pediatrician is to do with someone who has a positive diagnosis, and there is nowhere to send them. Ms. Wright suggested making this topic an action item for the next meeting. There was no discussion on immunization at this time.

#### **SET DATES FOR BOARD MEETINGS IN 2008. PROPOSED: FEBRUARY 8, MAY 2, JUNE 27, SEPTEMBER 12 and DECEMBER 5. UNDER THIS PROPOSAL JUNE 27, 2008 WOULD BE THE ANNUAL FACE-TO-FACE MEETING**

Ms. Kling motioned to accept the dates proposed for 2008 and Senator Carlton seconded. **MOTION APPROVED**

### **STAFF REPORTS AND BOARD DISCUSSION**

Ms. Wright reported the Medical Consultant is on a women's collaboration which will be developing a website. Ms. Wright stated Newborn Screening fee increase will be appearing in February before the Board of Health (BOH). With the addition of Cystic Fibrosis, Ms. Wright stated the department will be also adding Hemoglobin and Endocrine Clinics. Ms. Wright mentioned the Nevada Birth Outcome Monitoring System (NBOMS) for birth defects should have a 3 year report for 2005-2007. Ms. Wright stated the Newborn Hearing Screening was at 99% for the third quarter; all hospitals are now conducting the screenings. Ms. Wright stated the Early Periodic Screening, Diagnosis and Treatment (EPSDT) had a screening tool which is being tested for physicians and tribal clinics use. Ms. Wright stated Bright Futures is a publication put out by the Maternal and Child Health Bureau (MCHB) which is now a partnership between MCHB and the American Academy of Pediatrics (AAP). She stated it is a large book which all pediatricians should have in the office. Ms. Wright stated that there are 400,000 dollars worth of work left to do for the Oral Health Program; funding ends June 30, 2008. Ms. Wright stated the Nevada Child and Adolescence profile is almost completed and should be done by the first of the year. Ms. Wright stated the Primary Care Development Center (PCDC) has a new manager who jumped right into the J-1 Visa Waiver, which will be presented at the Interim Legislative Health Care Committee this year. Ms. Wright stated this year there have only been 2 applicants for the J-1 Visa waiver. Ms. Wright stated Judi Corrado took over the Student Experiences and Rotations in Community Health (SEARCH) Program and has asked the Federal Government if they can combine SEARCH and the National Health Services activities. Ms. Wright stated the Women Infant and Children (WIC) program is reporting 54,768 in enrollment. Ms. Wright reported as the number of participants increase, the food packages are going to be cut; the program is discussing which foods should be kept on the program and which foods can be dropped. Ms. Wright stated WIC is also discussing the possibility of adjusting the coverable ages of children Ms. Wright mentioned Early Childhood is planning a meeting with Association for the Education of Young Children (AEYC) in April. Ms. Wright stated the Abstinence Education monies are authorized through December 31, 2007 but they cannot fill the position due to the 6 week window given for authorization. Ms. Wright mentioned the teen pregnancy rate is up again. Reimbursement of Immunization will be an action item at the next meeting.

### **PUBLIC COMMENT**

Ms. Kling asked if the board would be interested in a presentation of Gastroschisis, which has increased in newborns. She stated there have been 15 cases, and 2 unborn cases. Ms. Kling stated research had started to determine if this is possibly caused by environmental factor. Janice Smith stated she had written a letter with additional signatures regarding the budget cuts for children and disabilities.

Meeting adjourned at **11:50 a.m.**